

# **MUNICIPAL LICENSE ALLOCATION REQUEST**

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**Annually, as indicated by your ordinance, your municipality or regional program must submit a request for the number of licenses to be sold during the next licensing period.**

The following steps should be followed to gain the approval of the Commissioner in a timely manner.

## **PROCEDURE**

1. Contact the Regional DMR biologist responsible for your town. His agreement will be required for any license allocation proposed by your municipality.

### **York, Cumberland and Sagadahoc Counties**

Donald Card                      Tel/Fax: 207-443-5147  
72 Indian Carry Rd.  
W. Bath, ME 04530

### **Lincoln, Knox and Waldo Counties**

Ron Aho                              Tel/Fax: 207-586-5572  
118 Kings Highway  
Newcastle, ME 04553

### **Hancock County**

Annis, Hannah                      Tel/Fax: 207-469-6134  
22 Charlie Star Lane,  
Orland, ME 04472

### **Washington County**

Nault, Denis-Marc                      Tel/Fax: 207-422-2092  
60 Harborview Drive  
Sullivan, ME 04664

2. Fill out the attached application
3. Send the completed application, **at least 30 days prior to the proposed first day of sale of the licenses**, to the appropriate area biologist.

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**To:** Area Biologist **Date:** \_\_\_\_\_

**From:** \_\_\_\_\_ Shellfish Conservation Committee.

The Shellfish Conservation Committee upon review of the shellfish resources and in consultation with the DMR Regional Biologist requests the following shellfish license allocation for the coming year.

<b>License Class</b>	<b>Number</b>	<b>Cost @</b>
<i>Commercial</i>		
Resident	_____	_____
Nonresident	_____	_____
Senior Resident	_____	_____
Senior Nonresident	_____	_____
Junior/Student Resident	_____	_____
Junior/Student Nonresident	_____	_____
Other	_____	_____
<i>Recreational</i>		
Resident	_____	_____
Nonresident	_____	_____
Day/Week/Month Res.	_____	_____
Day/Week/Month Nonresident.	_____	_____
Senior Resident	_____	_____
Senior Nonresident	_____	_____
Junior Resident	_____	_____
Junior Nonresident	_____	_____
Other	_____	_____

Contact Person for the Shellfish Committee or municipality:

Name \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_